NIP-189

#8 11/8/03

NOV 0 6 2003 E

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

K. YAMAASHI et al

Serial No. 09/635,449

Group Art Unit: 2681

Filed: August 10, 2000

Examiner: F. Ramos Feliciano

RECEIVED

For: DIGITAL BROADCASTING SYSTEM, MOBILE

TERMINAL AND INFORMATION SERVICE STATION

NOV 1 0 2003

PETITION FOR EXTENSION OF TIME

Technology Center 2600

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

It is respectfully requested that a three-month Extension of Time, to and including November 6, 2003, be granted in which to respond to the Office Action dated May 6, 2003 in the above-identified application.

Our Credit Card Payment Form in the amount of \$950.00 is attached in payment of the appropriate fee.

The Commissioner is hereby authorized to charge any additional payment due, or to credit any overpayment, to Deposit Account No. 50-1417.

Respectfully submitted,

John R. Matting

Registration \$6.30,293 Attorney for Applicant(s)

MATTINGLY, STANGER & MALUR, P.C. 1800 Diagonal Road, Suite 370 Alexandria, Virginia 22314 (703) 684-1120 Date: November 6, 2003

11/07/2003 CNGUYEN 00000076 09635449

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**PATENT** 

Case Docket No. NIP-189

K. YAMAASHI et al In RE application of

Serial No.: 09/635,449

Group Art Unit:

2681

Examiner:

E. Ramos Feliciano

Filed: August 10, 2000

For: DIGITAL BROADCASTING SYSTEM, MOBILE TERMINAL AND

INFORMATION SERVICE STATION

RECEIVED

NOV 1 0 2003

Assistant Commissioner for Patents Washington, D.C. 20231

Technology Center 2600

Sir:

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 A contract to the first	^	mandmant	in the	above-identiled	annication.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(C	OL. 2)	(CC	JL. 3)
	Claims Remaining After Amendment		Pre	hest No. viously aid For		esent xtra
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Firs	t Presentation of I	Multiple De	pendent	Claims	-,	

SMAL	L ENTITY	
Rate	Additional Fee	OR
× 9	\$	
× 42	\$	
+ (140	\$	
Total	\$	OR

Rate	Additional Fee	
x 18	\$	0
× 84	s	0
+ 280	\$	0
Total	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.

If the 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write American Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write American Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write American Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write American Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write American Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write Paid Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write Paid Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write Paid Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write Paid Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write Paid Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a write Paid Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 2 of a write Paid Previou Col. 1 of a prior Amendment or the number of claims originally filed.

	Please charge my Deposit Account No. 50-1417 in the amount of \$
X	A check in the amount of \$ 950.00 is attached in payment of:  Credit Card Payment Form 3-month EOT
x	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

MATTINGLY, STANGER & MALUR, P.C. 1800 Diagonal Rd., Suite 370 Alexandria, Virginia 22314 (703) 684-1120

Date: November 6, 2003

Registration No.

Attorney for Applicant(s)